

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/574508

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		X	X		
2		1				
3		1				
4		2				
5		2				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12	1					
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TOTAL	2		2			
TOTAL DEP.	13		10			
TOTAL CLAIMS	15		12			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
IND.						
TOTAL DEP.						
TOTAL CLAIMS						